

Employee Directions for the Web Enrollment System

Note to KRS and KTRS Retirees:

Retirees who are no longer actively employed –

You may not complete your retirement elections using the Web Enrollment System. You must complete a paper application for your retirement health insurance and submit it to your retirement agency.

Pre-65 retirees who have returned to work –

Please refer to the instructions below regarding your enrollment choices:

KRS Retirees – If you have returned to work, you may choose one of these three scenarios:

- a. An insurance plan with KRS, and a waiver with no HRA with your active company
- b. A waiver with no HRA with KRS, and an insurance plan with your active company.
- c. A waiver with no HRA with KRS, and a waiver with HRA with your active company.



KTRS Retirees – If you have returned to work, you may choose one of these two scenarios:

- a. A waiver with no HRA with KTRS, and an insurance plan with your active company.
- b. A waiver with no HRA with KTRS, and a waiver with HRA with your active company.

Post-65 retirees who have returned to work –

If you are receiving KRS or KTRS funds towards a Medicare Supplemental plan, you are NOT eligible to receive state funding through your active employer for either a stand-alone HRA or an insurance plan. This means if you waive through your employer, you will not receive an HRA. It also means if you choose an insurance plan through your employer, you will not receive state funding towards the cost of the plan. You will be responsible for paying the entire premium each month.

A. Logging In

1	<p>Have your password ready.</p> <p>During Open Enrollment, your password will be mailed to your home, prior to the beginning of the enrollment period. If you have not received your password, contact your insurance coordinator or the Department for Employee Insurance.</p> <p>New Employees enrolling for the first time, please obtain your Web Enrollment password sheet from your insurance coordinator and log onto the internet.</p> <p><i>Note:</i> You may use a home computer or a public computer when logging in.</p>
2	<p>Go to https://openenroll.ky.gov. To enlarge the page so the welcome page fills your entire screen click on the middle button located on the top right hand side of your screen. It should look like this:</p>  <p>You may also access the Web Enrollment System from www.KEHP.ky.gov. A link to “Your KEHP Online Access” is provided.</p>
3	<p>Review the instructions on the welcome page, then click the “Continue” button at the bottom of the screen. If you are unable to see the continue button, please scroll down to the bottom of the screen using your arrow keys or the scroll bar on the right hand side of the screen.</p> 

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4	<p>Enter your social security number, date of birth and your Web Enrollment password, then click the “Login” button. These three (3) pieces of information allow you secure and private access to the program and also ensure no other person can log in and access your account.</p> <div style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <div style="background-color: #c00000; color: white; text-align: center; padding: 5px;">Enter Your Login Credentials</div> <div style="margin-top: 10px;"> Social Security Number: <input style="width: 150px;" type="text" value="999999999"/> <div style="text-align: center;">#####</div> </div> <div style="margin-top: 10px;"> Date of Birth: <input style="width: 100px;" type="text" value="12/12/1955"/> <div style="text-align: center;">MM/DD/YYYY</div> </div> <div style="margin-top: 10px;"> Password: <input style="width: 100px;" type="password" value="••••••••"/> </div> <div style="margin-top: 10px; text-align: center;"> <input style="width: 60px;" type="button" value="Login"/> <input style="width: 60px;" type="button" value="Exit"/> </div> </div> <div style="margin-top: 10px;"> <p>Notes:</p> <ul style="list-style-type: none"> Please ensure your Num Lock is ON and your Caps Lock is OFF. Do not put dashes in the social security number. Use the date format shown. Make sure the first 2 letters of the password are capitalized. After three (3) tries, you will be locked out and will need to contact your Insurance Coordinator or the Department for Employee Insurance for a new password. </div>
5	<p>Your “Employee Plan Elections” Screen will be displayed. Click on the plan year you wish to review. During Open Enrollment, this function will allow you to enroll yourself as well as review your current enrollment selections.</p>

B. Personal Information

On the “Employee Plan Elections” screen, please click on the ‘Select’ link to view or edit a plan.

	Year	Status	Date	Company	Plan Choice	Option	Level
Select	2006	Active	1/1/2006	55794	143 - KY Employee Health Plan	Enhanced	Family
Select	2007	Unedited	1/1/2007	55794	143 - KY Employee Health Plan	Enhanced	Family

If you are first directed to the demographics information, please complete all fields and click the “Update Information” button.

Update Information

If your demographics information has already been entered or you have just finished entering the information and clicked on the “Update Information” button referenced above, a summary of your information will be displayed for review. If a correction is necessary, click on “Change Information”, update the information, and then click on “Update Information.” If everything looks correct, click the “Keep” button.

Review Personal Information

Please review the following information for accuracy

Name:

DOE, JANE I

Address:

45 ANYWHERE BLVD
APT # 3
FRANKFORT, KY 40601

Phone #:

502-222-2222

Gender:

FEMALE

Marital Status:

SINGLE

Date of Birth:

12/12/1955

EMail:

JANE.DOE@KY.GOV


Keep

Change Information


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3	<p>At “Member Main Menu”, please go through the options in numerical order: <u>First</u>, enroll in Health Insurance or Waive your insurance benefit. <u>Second</u>, choose whether to enroll in a Flexible Spending Account (FSA). You may enroll in both types (Health Care and Dependent Care) if desired. <u>Third</u>, click on “Enrollment Complete”. Do not click on this until you are absolutely sure you have explored all your enrollment options and are finished with your elections.</p> <div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: fit-content;"> <div style="background-color: #a52a2a; color: white; text-align: center; padding: 5px;">Member Main Menu</div> <div style="text-align: center; padding: 10px;"> <p>1. Health Insurance or Waive</p> <p>2. Commonwealth Choice FSAs</p> <p>3. Enrollment Complete</p> </div> </div>
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C. Selecting a Health Insurance Plan or Waiving your Insurance

1	<p>Click on “Health Insurance or Waive” on the main menu. This will bring you to the next step in the process.</p> <p><u>1. Health Insurance or Waive</u></p>
2	<p>The Cross-Reference Payment Option Screen will be presented. Please read the information and choose accordingly. For details about cross-referencing, please refer to page 73 of the 2007 Health Insurance Handbook.</p> <p>Open Enrollment:</p> <ul style="list-style-type: none"> • If you wish to begin a new cross-reference payment option, you may continue with your enrollment session. • If you are already a member in a cross-reference payment option and you are <i>not</i> switching Plan Holders for the upcoming year, you may continue with your enrollment session. • If you are already a member in a cross-reference payment option, and you wish to switch the Plan Holder for the upcoming year, you and your spouse will need to complete a paper application and submit it to your insurance coordinator. Your web enrollment session is complete. • If you are already a member in a cross-referenced payment option and you would like to end it, you and your spouse will need to complete separate paper applications and submit them to your insurance coordinators. Your coordinators will need to mail these applications to DEI. Your web enrollment session is complete. <p>New Employees:</p> <ul style="list-style-type: none"> • If you are a new employee and wish to cross-reference, click the “Yes” button. Your spouse will need to complete a paper application and there is nothing further for you to do. Your web enrollment session is complete. • If you do not wish to cross-reference, click the “No” button and proceed with your enrollment session. <div style="text-align: center; margin-top: 20px;">  <div style="display: inline-block; text-align: left;"> <div style="background-color: #a52a2a; color: white; padding: 5px 10px;">Cross Reference Payment Option?</div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px 10px;">Yes</div> <div style="border: 1px solid black; padding: 2px 10px;">No</div> </div> </div> </div>

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3	<p>Your employment hire date, health insurance coverage start date and signature dates will be presented for your review. After reviewing these, click the "Continue" button.</p> <div data-bbox="406 268 954 546"><p>Hire Date: <input type="text" value="08/01/2006"/></p><p>Coverage Date: <input type="text" value="10/01/2006"/></p><p>Employee Sign Date: <input type="text" value="08/07/2006"/></p><p>Coordinator Sign Date: <input type="text" value="08/07/2006"/></p><p><input type="button" value="Continue"/></p></div>
4	<p>Next, you will be asked if you wish to waive your insurance or elect insurance coverage.</p> <div data-bbox="438 640 1027 890"><p>Waive or Elect Coverage?</p><p> Do you wish to waive or elect coverage?</p><p><input type="button" value="Waive"/> <input type="button" value="Elect Coverage"/></p></div> <p>If you choose to waive:</p> <ul style="list-style-type: none">Click the "Waive" button and then answer the question regarding your smoking status.If you are an active employee and you chose to waive, your state contribution will be deposited into a Health Reimbursement Account (HRA). There are exceptions, including but not limited to:<ul style="list-style-type: none">If you are already covered under a hazardous duty retireeIf you are a retiree who has returned to work and you have chosen insurance coverage under the retirement system. <p>If you would like to elect health insurance coverage:</p> <ul style="list-style-type: none">Click the "Elect Coverage" button and fill in the requested information. The premium information will be displayed on the right side of the screen.When you are satisfied with your elections, click the "Update Information" button.If you are not satisfied with your elections press "Cancel" and you will be returned to "Member Main Menu". You may begin the enrollment process again. <div data-bbox="381 1415 1308 1934"><p>Change Health Insurance Information</p><p>Enter your selection for Health Insurance and click "Update Information" to save your selection and continue. If you click "Cancel" no information will be kept.</p><p>Hire Date: MM/DD/YYYY <input type="text" value="4/16/2005"/></p><p>Coverage Effective Date: MM/DD/YYYY <input type="text" value="1/1/2007"/></p><p>Home County: <input type="text" value="ALLEN"/></p><p>Work County: <input type="text"/></p><p>Company: <input type="text" value="39130 - FN&A DEPT OF REVENUE"/></p><p>Plan Choice: <input type="text" value="KY EMPLOYEE HEALTH PLA"/></p><p>Coverage Level: <input type="text" value="SINGLE"/></p><p>Option: <input type="text" value="CW SELECT"/></p><p>Have you smoked in the last 2 months? <input type="radio"/> Yes <input checked="" type="radio"/> No</p><p>Are you or any of your dependents covered under another health insurance plan? <input type="radio"/> Yes <input checked="" type="radio"/> No</p><p><input type="button" value="Update Information"/> <input type="button" value="Cancel"/></p><p>Monthly Premium Information</p><p>Employer Amount: \$443.30</p><p>Employee Amount: \$0.00</p><p>Total Amount: \$443.30</p></div>

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- If you have elected a Couple, Parent Plus or Family level, you will need to add your new dependents and/or verify information for existing dependents on the next screen.

- ❖ If you had existing dependents, you will be directed to the “Review Dependent Information” screen. From there, you may click on the “Change” button to update the dependents or click on the “Keep” button to keep all information shown and move on the next section

Review Dependent Information

Keep

Change

- If your dependents need to be updated and you clicked on the “Change” button, you will be directed to the “Change Dependent Information” screen. A list of your dependents will be presented on the top portion of the screen for your review.
- To delete a dependent, click on the “Delete” link shown next to that dependent. (see below)
- To edit a dependent, click on the “Edit” link shown next to that dependent. (see below)

LIST OF DEPENDENTS

Relationship	SSN	First Name	MI	Last Name	Gender	Date of Birth	
CHILD	222001101	MARY		DOE	FEMALE	5/5/1999	Delete Edit
DISABLED DEPENDENT	222002202	JOHNNIE		DOE	MALE	9/12/2001	Delete Edit

- ❖ If you did not previously have dependents on your plan, you will be directed to the Change Dependent Information Screen.

Change Dependent Information

- To add a dependent, click the “Add Dependent” button in the middle of the screen, then scroll down and complete the appropriate information for each dependent you wish to add.

Add Dependent

- After completing each dependent’s information, click the “Save Changes” button.

Save Changes

- When all dependents have been added, click the “Finished” button at the bottom of the screen. The Member Main Menu will appear, ready for your next enrollment choices to be entered.

D. Commonwealth Choice FSAs

1

Click on “Commonwealth Choice FSAs” on the main menu. This will direct you to the “FSA - Participant Selection” Menu.

[2. Commonwealth Choice FSAs](#)


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2	<p>On the “FSA-Participant Selection” Menu, there will be three (5) choices: Plan holder Health Care FSA, Plan holder Dependent Care FSA, Spouse Health Care FSA, Spouse Dependent Care FSA and Finished. For information regarding FSAs, please refer to page 55 of the 2007 Health Insurance Handbook.</p> <div style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <div style="background-color: #800000; color: white; text-align: center; padding: 5px;">FSA - Participant Selection</div> <div style="margin-top: 10px;"> <p>Plan holder Health Care FSA</p> <p>Plan holder Dependent Care FSA</p> <p>Spouse Health Care FSA</p> <p>Spouse Dependent Care FSA</p> <p>Finished</p> </div> </div>
3	<p>If you or your cross-referenced spouse would like to elect a Health Care FSA, click on Plan holder Health Care FSA for your own FSA and Spouse Health Care FSA for your spouse’s FSA.</p> <ul style="list-style-type: none"> Enter the amount you wish to contribute for the year. <div style="margin-top: 10px;"> <p>Your annual contribution: \$ 120.00</p> </div> <ul style="list-style-type: none"> After entering your deduction amount, click “Update Changes” at the bottom of the screen. <div style="text-align: center; margin-top: 10px;"> Update Changes </div> <p>You will be returned to the “FSA Participant Selection” Menu.</p>
4	<p>If you or your cross-referenced spouse would like to elect a Dependent Care FSA, click on Plan holder Dependent Care FSA for your own FSA and Spouse Dependent Care FSA for your spouse’s FSA.</p> <ul style="list-style-type: none"> Next, select the appropriate Tax Filing Status <div style="border: 1px solid black; padding: 10px; margin-top: 10px;"> <p>TAX FILING STATUS: <input type="radio"/> Married, filing separately (Annual Max - \$ 2,500.00)</p> <p style="padding-left: 40px;"><input checked="" type="radio"/> Married, filing jointly (Annual max - \$ 5,000.00)</p> <p style="padding-left: 40px;"><input type="radio"/> Single, head of household (Annual Max - \$ 2,500.00)</p> </div> <ul style="list-style-type: none"> Enter the amount you wish to contribute for the year. <div style="margin-top: 10px;"> <p>Your Annual Contribution: \$ 4000.00</p> </div> <ul style="list-style-type: none"> After entering your deduction amount, click “Update Changes” at the bottom of the screen. <div style="text-align: center; margin-top: 10px;"> Update Changes </div> <p>You will be returned to the “FSA Participant Selection” Menu.</p>

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5	When you are finished enrolling, click on “Finished”. You will be returned to the “Member Main Menu”.
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E. Enrollment Complete

1	<p>Click “Enrollment Complete”. When you have completed your enrollment elections, you will need to review all of your choices and, most importantly, accept the choices as your final elections.</p> <p style="color: blue; text-decoration: underline;">3. Enrollment Complete</p>
2	<p>The “Authorization and Certification” screen will be displayed. At this point your enrollment is not complete.</p> <ul style="list-style-type: none"> Read the information at the top of the screen. Carefully review your health insurance, HRA and FSA elections and read the disclaimer. Scroll down to the BOTTOM OF THE SCREEN and choose to either ACCEPT or DECLINE your selections. <div style="text-align: center; margin: 10px 0;"> <div style="border: 1px solid black; padding: 5px 20px; display: inline-block; margin-right: 10px;">Accept</div> <div style="border: 1px solid black; padding: 5px 20px; display: inline-block;">Decline</div> </div> <p style="color: red;">If you do not click the Accept button at the bottom of the page, the elections and/or updates you have just made will be LOST.</p>
3	<p><u>If you Decline</u> your enrollment elections, you will be returned to the Member Main Menu to go through the enrollment process again. None of the elections that you have just made will be activated. You must enter all elections and/or updates again and ACCEPT them before they can take affect.</p> <p><u>If you ACCEPT</u> your enrollment elections: You will receive a CONFIRMATION screen which contains your plan information and an ENROLLMENT CONFIRMATION NUMBER.</p> <div style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <div style="background-color: #800000; color: white; padding: 5px;">Confirmation</div> <div style="padding: 10px;"> <p>Update completed! Please keep the following information for your records:</p> <p>Confirmation Number: 7D6810101939135FDA</p> </div> </div>
4	<p style="color: red;">This confirmation is proof of your enrollment. PRINT IT. Do not throw it away.</p> <div style="text-align: center; margin: 10px 0;">  <p style="color: blue; font-size: 1.2em;">Print</p> </div>

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F. Updates and Changes

1	You may update your Health Insurance and/or FSA elections anytime during your enrollment period. Once your enrollment period has expired, no further updates will be allowed.
2	<p>During the plan year, you may view your Health Insurance and FSA elections and update your personal information (address, phone number, etc).</p> <ul style="list-style-type: none">○ To update your personal information during the plan year, please log on to “Your KEHP Online Access” at https://openenroll.ky.gov using your social security number, date of birth and your password. Refer to Section A, “Logging In”, for instructions.○ Your “Employee Plan Elections” Screen will be displayed. Click on the plan year.○ Your personal information will be presented for your review. If you need to change this, click on “Change Information” and make your changes.○ When you are finished, click on “Update Information” on the bottom of the screen. <p>During your enrollment period, you may update any previously made elections. However, you must click on “Enrollment Complete” from the “Member Main Menu” and RE-ACCEPT your enrollment elections at the end of each enrollment session. Refer to Section E, “Enrollment Complete” for instructions on how to ACCEPT your elections.</p> <p>If you do not re-accept your elections each time an update is made, your updates will be lost.</p>